CLAIMS ONLY

Application Number	Filing Date
09938273	

Applicant(s)

*May be used for additional claims or amendments

CLAIMS	AS FILED Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10		/		/		/	60						
11		/		/		/	61						
12		/		/		/	62						
13	/		/		/		63						
14		/		/		/	64						
15			/		/		65						
16				/			66						
17						/	67						
18						/	68						
19							69						
20							70						
21							71						
22							72						
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24							74						
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31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2		3		3		Total Indep						
Total Depend	12		13		15		Total Depend						
Total Claims	14		16		18		Total Claims						

CLAIMS ONLY

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Applicant(s)

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			/				51						
2			/				52						
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7							57						
8			/				58						
9				/			59						
10				/			60						
11				/			61						
12				/			62						
13			/				63						
14			/				64						
15			/				65						
16				/			66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			6				Total Indep						
Total Depend			10				Total Depend						
Total Claims			16				Total Claims						